



# Accessory Permit Application

<b>INSTRUCTIONS TO PERMIT HOLDER</b>	1. <u>Plans and specifications.</u> A copy of the plans and specifications which bear the approval stamp of the building official shall be retained on the building site until a certificate of use and occupancy is issued by the building official. 2. <u>Inspections required.</u> A list of required inspections is available for the work authorized by this permit. It is the responsibility of the permit holder to notify the building official when the stages of construction are reached that require an inspection. To request an inspection, telephone 253-6625 at any hour. 3. <u>Accessory permits.</u> Separate permits are required for electrical, mechanical (heating, ventilating, air conditioning), gas, plumbing, fire alarm, or fire suppression work. 4. <u>Revocation of permit.</u> This permit may be revoked by the building official in case of any false statement or misrepresentation of fact in the application or on the plans upon which this permit is based. 5. <u>When permit invalid.</u> This permit becomes invalid if the authorized work is not commenced within six (6) months after the date of permit, noted below, or the authorized work is suspended or abandoned for a period of six (6) months after the date of commencing the work. 6. <u>Certificate of use and occupancy.</u> The work authorized by this permit shall not be used or occupied in whole or in part until a certificate of use and occupancy is issued by the building official.					
<b>WORK LOCATION</b>	Number and Street:			Lot #:		Permit #:
	Subdivision Name:			Tax Map No.:		
<b>APPLICANT</b>  <input type="checkbox"/> Contractor (Architect, Engineer) <input type="checkbox"/> Owner (Lessee)	Contractor's Name:			Owner's Name/Customer's Name:		
	No. and Street:			No. and Street:		
	City, State, Zip Code:			City, State, Zip Code:		
	Telephone #:			Telephone #:		
	State Lic. #:		Bus. Lic. #:		Lessee's Name:	
✓	<b>ELECTRICAL</b>			✓	<b>MECHANICAL</b>	
	Temporary Service	AMPS	<input type="checkbox"/> Pole <input type="checkbox"/> Ungrd.		New Equipment	\$
					Replacement Equip.	\$
	Mobile Home Reconnection				HVAC	\$
	Restoration of Service				Wood Stove Installation	\$
	Relocation of Service				Refrigeration	\$
	New Service to Panel Only				Gas, Liquid, Solid Fuel Piping, Equip.	\$
	New Service	AMPS:	Phase:		LPG Tank, Piping	\$
	Increase Service	from:	to:		Tank, Piping (Flam, Liquid)	\$
	Additional Outlets	No.			Tank Removal (Flam, Liquid)	\$
	Appliance Installation	No.			Fire Suppression System	\$
	Sign, Exterior				Elevator Conveyor	\$
	Other:				Other:	\$
Value of Work: \$			Value of Work: \$			Value of Work: \$
<b>Description of Work:</b>  Signature: _____ Date: _____ Print Name: _____ Applicant E-mail Address: _____						<b>Office Use Only</b>  Improvement Code: _____ Approval: _____ Fee: _____ Special Flood Hazard Area: <input type="checkbox"/> Yes <input type="checkbox"/> No